Under the Paperwork Reduction And of 1895, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number					Filing Date				
							1.0	09/557,907				7				
1 .	٠, ٢	CHAL	VULA	HONS	1EET		7	ppilpan	(g)	<del>/                                    </del>			-			
ľ	٠.	WIJBQUO	te for Fo	m PTQ-18	360			44-4-44	.(~)			• •				
		narry	Action to the	TPTOE	<u> </u>		{			•		. •		•		
CLAIM8	1 46	ACCUSE ACCUSE					4	May be used for additional dalins or amendments .								
L	LAIMS AS FILED OF		AFTER FIRET  AMENDMENT		AFTER SECOND			-	-	5-8-06		ns or amendments .				
	Indep	Depend	Indep	ANMENT	- OMEN	IDMENT	JL		3-	8-06	1			,		
1	17	- Opens	илер	Depend	Indep	Depend			Indep	Depend	_	dep	Oast.	-	-	
2				-		<b></b>	I C	51	] /	7	- -**	Aph 1	Depend	Indep	Depend	
3		7						52		1	1-		<del></del>	<del></del>		
4		-	***					83	z	7 77 777	1					
6		1						54		1	1-		*****			
6.				<del> </del>			-	55			1-			<del>- </del>	<del> </del>	
			-		<del></del>	<del> </del>	·	. 56	1	1	1					
- 5							-	57·	<del>  / _</del>	$-\mathcal{I}$				<del></del>	<del> </del>	
10	<b>{-/-</b>				***************************************	<del> </del>	<u> -</u>	<b>5</b> 8	<del> </del>	<del>                                     </del>					<del> </del>	
┸	<del>                                     </del>					<b></b>	l 1-	60 .	<del> -/-</del>	<del> -/</del>	_				<b></b>	
12	<del>  \                                   </del>	<b></b>					-	61	<del> )</del> -	<del> </del>	<b> </b>				<del> </del>	
11	1-/-	<del> / </del>					1 F	62	1/-	<del>                                     </del>	<del> </del>	.			]	
. 14		_		<del> </del>				63	1-(-	<del>                                     </del>	<del> </del>			-		
16	1.7	<del></del>	<del></del>	<del>  </del>		<u> </u>		64	$\Box \Sigma$	1	1	∤-		<del></del>		
16		/	***************************************	·			-	65		7	<b>!</b>			┪━━━		
_17				1			·	<b>6</b> 6 .				-		1		
18							-	67 68						╂───		
19 20	/	_/					· -	69						1		
21	<del>  / </del>						<b>-</b>	70	<del> </del>	<u> </u>						
22	<del> -{ </del>	<del>-/</del>						71		<u> </u>						
23	<del>  \                                   </del>							72 .	1	<del></del>		-				
24		<del>- /  </del>						78		,	-					
25							<u> </u>	74		. /			·	<b></b>		
26	1			-			-	75 76					· ·	·		
27	<del></del>						-	77							<del></del>	
29	<del>  -} </del>	<del>}</del> -					·	78								
30		<del>/</del>						79			<u></u>	-				
31		<del></del>						60				<del> -</del>				
32		1						01				- -		<b></b>		
83				-			-	82					<del></del>			
35	<b>  </b>						-	89 84	<b> </b>							
<u>35</u>	<del></del>	<del>-/-</del> -					·	85	<del></del>							
37				I				86		<del></del>		-				
38		<del></del>				]		87			<del></del>			T		
39								66	7							
40					<del></del>		ļ	69								
41 .							-	90 91								
42							<b> </b>	92								
44	<del>                                     </del>	- <u>-</u>	-				-	93			<u></u>					
45		$ \longrightarrow $					-	94	-1-1	<del>}-</del> - ,	····	-				
46	-	<del>-,  </del>						95	_/	<del>-/- </del>	<u> </u>					
47	<del> </del>	<del>-                                    </del>			1.			96	I	/ /						
40 .		<del>- 5 -  </del> -		<del></del> - -	<del></del>			97			<del></del>					
. 40		<del></del>					_	88	$\bot$							
50		7	<del></del>				<b> </b>	99	$\rightarrow$ $\downarrow$			1				
Total	-	T		<del></del>		<del></del>		100			-					
(r.dep		1 L		4 1	. }	1 1		lal qat		1' T		77			<del></del>	
Total	-	-		-J -  ⁻	4			(8)	J	_}		႕ ㅣ	. 1		1 1	
Depend Total								be uq	<b>▼</b> -	_		<b>√</b> J		4	J	
Claims		ŀ					170	(a)							_ 1	

This collection of information is required by 37 CPR 1.16. The information to required by the information to require the first to file fend by the complete the complete, including gethering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of lime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistence in completing the form, call 1-800-PTO-9198 and select option 2.

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

PTO-IXO (REV. 9/83)

09/557,907 PRINC PATE DHILEPERS)

> U.S. DEPARTMENT of COMMERCE Patent and Trademark Office

1 cont